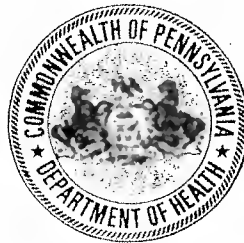


WARNING: It is illegal to duplicate this copy by photostat or photograph.



Lana R. Adams

Lana R. Adams
State Registrar

APR 25 2016

No.

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

040017

PRIMARY DIST. NO.		OME#1718-83		STATE FILE NO.	
Name of deceased (First) (Middle) (Last)		Sex		Date of death (Mo., Day, Yr.)	
1. DOROTHY L. EVERETT		2. F		3. 4/6/83	
Race - (e.g., White, Black, American Indian, etc.)		Age last birthday		Date of birth (Mo., Day, Yr.)	
4. B		5A. 57		6A. 6/30/25	
County of death		City, Boro, or Twp. of death		State or foreign country of birth	
7A. PHILA		7B. PHILA		8A. PA.	
Hospital or Institution (if not either, give street address)		County of birth		City, Boro, or Twp. of birth	
7C. EPISCOPAL HOSPITAL		9C. PHILA.		6B. PHILA.	
Mailing Address (Street or RFD No.) (City or Town) (State) (Zip Code)		Marital Status		Surviving Spouse (If wife, give maiden name)	
8. 2246 N. HANCOCK ST. PHILA. PA. 19133		9. M.		10. OTIS M. EVERETT SR.	
Citizen of what country?		Was decedent ever in U.S. Armed Forces?		Social Security Number	
11. U.S.A.		12. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. 199-16-5204	
Usual Occupation (Kind of work done during most of working life)		Kind of business or industry		14A.	
14B.		14C.		14D.	
Where did deceased actually live?		a. State		b. County	
15. PHILA.		16. PHILA.		17. PHILA.	
Did deceased live in a township?		Yes, deceased lived in		No, deceased lived within actual limits of	
18. PHILA.		19. PHILA.		20. PHILA.	
Father's name (First) (Middle) (Last)		Mother's maiden name (First) (Middle) (Last)		17. LUCY MC KINNON	
18. BENJAMIN DAVIS		19. LUCY MC KINNON		20. LUCY MC KINNON	
Informant's name (Type or Print)		Informant's Mailing address		18B. 2246 N. HANCOCK ST. PHILA. PA. 19133	
18A. PAMELA EVERETT		18B. 2246 N. HANCOCK ST. PHILA. PA. 19133		18C. CHELTEN HILL CEMETERY	
Date of burial, etc.		Name of cemetery or crematory		Location (City, boro, twp.) (State)	
19A. 4/11/83		19B. CHELTEN HILL CEMETERY		19C. PHILA. PA.	
Signature of funeral director and license number		FD - 011181919 - L		Name and address of funeral home	
20A. Eric D. Thompson		20B. 51-461		20C. WALTON B. BROWN FUNERAL HOME 4725 Mulberry St. PHILADELPHIA, PA 19124 Eric D. Thompson, Spvr.	
Registrar's Signature		Date received by registrar		21B. 4-11-83	
21A. Alex C. Lucetti		21B. 4-11-83		21C. 4-11-83	
Name and Address of Certifier (Physician, Medical Examiner or Coroner) (Print or Type)		Name of Attending Physician		25. A	
24. 25. A		25. A		25. A	
Immediate Cause:		Enter only one cause per line for (A), (B) and (C).		Interval between onset and death	
(A) INFARCTION OF BOWEL COMPLICATING LAPOROTOMY FOR INSERTION		(B) OF GRAFT TO REPAIR DISSECTING ABDOMINAL AORTIC ANEURYSM.		(C) ETIOLOGY.	
Due to, or as a consequence of:		Due to, or as a consequence of:		Due to, or as a consequence of:	
PART I		PART II		PART III	
Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I (a)		Autopsy		Was case referred to Medical Examiner or Coroner?	
27. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Acc., Suicide, Hom., Undet. or Pending Investigation (Specify)		Date of Injury (Mo., Day, Yr.)		Hour of Injury	
30. PERIOPERATIVE		31. 4/5/83		32. 4:00 P.M.	
Place of Injury (At home, farm, street, etc.)		Location (Street or RFD No.) (City, Boro, or Twp.) (State)		Describe how injury occurred:	
29E. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29F. EPISCOPAL HOSPITAL		29G. PHILA, PA	
29H. EPISCOPAL HOSPITAL		29I. PHILA, PA		29J. PHILA, PA	